Application Number 10/622,631 Filing Date July 21, 2003 First Named Inventor Manuel R. SILVA, Jr., et al. 3752 Group Art Unit TRANSMITTAL **Examiner Name** D. W. Gorman **FORM** Attorney Docket No. 34008:E/1-US (73434-001US) Confirmation No. 4556 ENCLOSURES (check all that apply) Copy of Notice to File Missing Fee Transmittal Form Request for Certificate of Parts of Application (PTO-1553) Correction ☐ Check Attached Copy of Fee Replacement Drawing(s) Certificate of Correction Transmittal Form Notice of Appeal to Board \boxtimes Request For Continued of Patent Appeals and Amendment/Response Examination (RCE) Interferences Transmittal Supplemental Amendment П Appeal Brief After Final Affidavits/declaration(s) Power of Attorney Status Inquiry Letter to Official (Revocation of Prior Powers) Draftsperson Return Receipt Postcard including Drawings [Total Sheets ____ Terminal Disclaimer Certificate of Facsimile Transmission under 37 C.F.R. 1.8 Petition for Extension of **Executed Declaration and Power** Time of Attorney for Utility or Design Additional Enclosure(s) Patent Application (please identify below) Response to Restriction Requirement X Information Disclosure Small Entity Statement Statement \boxtimes Form PTO-1449 Copies of IDS CD(s) for large table or computer Citations program Certified Copy of Priority Amendment After Allowance Document(s) Sequence Listing submission Paper Copy/CD **CERTIFICATE OF ELECTRONIC TRANSMISSION** Computer Readable Copy I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, are being electronically filed on this 2 day of 500 temper. 2007. ☐ Statement verifying identity of above **CORRESPONDENCE ADDRESS** SIGNATURE BLOCK Direct all correspondence to: Date: September 26, 2007 Reg. No.: 38,708 David W. Laub **Customer Number: 60708** Tel. No.: (202) 416-6800 Attorney for the Applicant Fax No.: (202) 416-6899 Proskauer Rose LLP 1001 Pennsylvania Avenue, NW Suite 400 Washington, DC 20004

FEE TRANSMITTAL FY 2007

	Complete if Known	
Application Serial No.	10/622,631	
Filing Date	JULY 21, 2003	
First Named Inventor	MANUEL R. SILVA, JR., ET AL.	
Group No.	3752	
Examiner Name	GORMAN, DARREN W.	
Confirmation No	4556	

				Confirmation	n No.	4556		
METHOD OF PAYMENT				FEE CALCULATION (continued)				
Payment Enclosed:				4. ADDITIONAL FEES				
•			Large	Small				
☐ Check ☐ Money Order ☒ Other			Entity	Entity				
The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-3840			Fee(\$)	Fee (\$)	Fee Description	Fee Paid		
Required Fees (copy of this sheet enclosed).				130	65	Surcharge - late filing fee or oath		
Additional fee required under 37 CFR 1.16 and 1.17.				50	25	Surcharge - late provisional filing fee or cover sheet		
Overpayment Credit.				130	130	Non-English specification		
Applicant claims small entity status.				2,520	2,520	Request for ex parte re-examination		
FEE CALCULATION				120	60	Extension for reply within 1st mo.		
1. BASIC FILING, SEARCH, AND EXAMINATION FEES				FEES	450	225	Extension for reply within 2 nd mo.	
Application Type	Filing	Search	Examination	Fee Paid	1,020	510	Extension for reply within 3 rd mo.	
Utility	300	500	200		1.590	795	Extension for reply within 4th mo.	
Design	200	100	130		2,160	1,080	Extension for reply within 5th mo.	
Plant	200	300	160		500	250	Notice of Appeal	
Reissue	300	500	600		500	250	Filing a brief in support of an appeal	
Provisional	200	0	0		1,000	500	Request for oral hearing	
	S		Discount		400	0	Petitions to the Director	
		1.	TOTAL		180	180	Submission of IDS	
2. EXCESS CLA	IM FEES	nicenae aach	Fee	Small Entity Fee (\$)	790	395	Filing a submission after final rejection (37 CFR 1.129(a))	
	more than in the			25	700	205	The state of the s	
Each independent claim over 3 or, for Reissues, 200 100 each independent claim more than in the original			100	790	395	For each additional invention to be examined (37 CFR 1.129(b))		
patent.				100	100	Certificate of Correction for applicant's error		
Total Claims	Ì	Extra Claims	i	Fee Paid (\$)	130	65	Submission of Terminal Disclaimer	
150 - 150 or HP= x \$=								
HP = highest number of total claims paid for, if greater than 20				Other fo	ee (Specify)	RCE Filing Fee		
Indep. Claims Extra Claims Fee Paid (\$)							180.00	
29 - 29 or HP= x \$ =					Other fee (Specify)		IDS	
HP = highest number of total claims paid for, if greater than 3						4. TOTAL:	\$180.00	
Multiple Dependent Claims	Fee(\$) 360	18	I Entity fee (\$)	Fee Paid (\$)				
a manux					TOTAL AMOUNT SUBMITTED			
2. TOTAL:					(\$180.00)			
3. APPLICATION				· · · · · · · · · · · · · · · · · · ·	SIGNATURE BLOCK			
If the specification and drawing exceed 100 sheets of paper, the application size						Respectfully submitted,	, \	
fee due is \$250 (\$125 for small entity) for each additional sheets or fraction there of. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			PEG. NO.					
Total Extra Sheets Additional 50 or fraction Fee (\$) Fee Sheets thereof Paid				Date: September 26, 2007				
					Reg. No.: 38,708 Tox. David W. Laub			
					Tel. No.: (202) 416-6800 Attorney for the Applicant(s)			
3. TOTAL:				Fax No.: (202) 416-6899 Proskauer Rose LLP				
CORRESPONDENCE ADDRESS				1001 Pennsylvania Ave., N.W., #400				
Direct all correspondence to:				1		Washington, D.C. 20004	-	
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CUSTOMER NO: 60708								